

Attachment A

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

FILED

JAN 11 2021

U.S. DISTRICT COURT-WVND
WHEELING, WV 26003

Joennell Rice

Your full name

FEDERAL CIVIL RIGHTS
COMPLAINT
(BIVENS ACTION)

v.

Civil Action No.: 5:21-cv-6
(To be assigned by the Clerk of Court)

HAZELTON USP SHU Correction
Officer Staff,
Medical, Ruby
UNIVERSITY Hospital WV

Bailey/Mazzoni/Block

Enter above the full name of defendant(s) in this action

I. JURISDICTION

This is a civil action brought pursuant to Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics, 403 U.S. 388 (1971). The Court has jurisdiction over this action pursuant to Title 28 U.S.C. §§ 1331 and 2201.

II. PARTIES

In Item A below, place your full name, inmate number, place of detention, and complete mailing address in the space provided.

A. Name of Plaintiff: JOENELL RICE Inmate No.: 607-24-060
Address: ALLENWOOD USP P.O. BOX 3000
WHITE DEER, PA. 17887

In Item B below, place the full name of each defendant, his or her official position, place of employment, and address in the space provided.

Attachment A

Plaintiff(s): _____

Defendant(s): _____

2. Name and location of court and case number:

3. Grounds for dismissal: ☐ frivolous ☐ malicious
☐ failure to state a claim upon which relief may be granted

4. Approximate date of filing lawsuit: _____

5. Approximate date of disposition: _____

V. STATEMENT OF CLAIM

State here, as **BRIEFLY** as possible, the facts of your case. Describe what each defendant did to violate your constitutional rights. **You must include allegations of specific wrongful conduct as to EACH and EVERY defendant in the complaint.** Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, you must number and set forth each claim in a separate paragraph. **UNRELATED CLAIMS MUST BE RAISED IN SEPARATE COMPLAINTS WITH ADDITIONAL FILING FEES. NO MORE THAN FIVE (5) TYPED OR TEN (10) NEATLY PRINTED PAGES MAY BE ATTACHED TO THIS COMPLAINT. (LR PL 3.4.4)**

CLAIM 1: ON MARCH 25, 2020 IN SHU ON
 RANGE 1, IN THE EVENING I GOT BRUTALLY
 ASSAULTED BY AN INMATE AND I
 PRESSED THE EMERGENCY HELP BUTTON
 FOR HELP, IT TOOK THE STAFF

Supporting Facts: _____

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B. Name of Defendant: HAZELTON USP EVENING
 Position: Federal shu STAFF
 Place of Employment: CORRECTION OFFICER'S
 Address: HAZELTON USP
P.O. BOX 2000
BRUCETON MILLS WV. 26525

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: ON MARCH 25 2020
I got BRUTILLY ASSAULTED BY AND INMATE,
I HAD TO BE RUSHED TO THE HOSPITAL, THEY
X RAYED ME, SAID I GOT 4 BROKEN BONES IN MY FAC
AND HAZELTON SHU STAFF FAILED TO PROTECT ME

B.1 Name of Defendant: Medical
 Position: health care
 Place of Employment: HAZELTON USP
 Address: P.O. BOX 2000
BRUCETON MILLS, WV. 26525

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: THEY FAILED
TO HOUSE ME ALONE IN MEDICAL
DO TO MY BRUTILLY INJURYS, THEY
ALLOWED THE SHU STAFF TO PUT ANOTHER
INMATE IN MY CELL WHY I HAD THESE INJURYS
AND WHICH THEY PUT MY SAFETY AT RISK
WV

B.2 Name of Defendant: RUBY UNIVERSITY Hospital
 Position: EMERGENCY Hospital Health Care
 Place of Employment: RUBY UNIVERSITY Hospital
 Address: 1 MEDICAL CENTER DRIVE
MORGANTOWN, WV. 26505

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☐ Yes ☒ No

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If your answer is "YES," briefly explain: ON MARCH 25, 2020
at I WAS BRUTALLY ASSAULTED I CAME TO
THEIR HOSPITAL FOR TREATMENT, UPON MY ARRIVAL
THEY XRAYED ME, SAID THAT I GOT 4 BROKEN
BONES IN MY FACE, THEN THEY DONT DO SURGERY,
THEY SENDS ME BACK TO THE JAIL THIS SAME DAY

B.3 Name of Defendant: _____
 Position: _____
 Place of Employment: _____
 Address: _____

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☐ Yes ☐ No

If your answer is "YES," briefly explain: _____

B.4 Name of Defendant: _____
 Position: _____
 Place of Employment: _____
 Address: _____

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☐ Yes ☐ No

If your answer is "YES," briefly explain: _____

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B.5 Name of Defendant: _____
 Position: _____
 Place of Employment: _____
 Address: _____

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☐ Yes ☐ No

If your answer is "YES," briefly explain: _____

III. PLACE OF PRESENT CONFINEMENT

Name of Prison/ Institution: HAZELTON USP

A. Is this where the events concerning your complaint took place?
☒ Yes ☐ No

If you answered "NO," where did the events occur?

B. Is there a prisoner grievance procedure in the institution where the events occurred? ☒ Yes ☐ No

C. Did you file a grievance concerning the facts relating to this complaint in the prisoner grievance procedure?
☒ Yes ☐ No

D. If your answer is "NO," explain why not: _____

E. If your answer is "YES," identify the administrative grievance procedure number(s) in which the claims raised in this complaint were addressed

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and state the result at level one, level two, and level three. **ATTACH GRIEVANCES AND RESPONSES:**

LEVEL 1 Here is a copy of my Bop Remedy Record log sheet

LEVEL 2 _____

LEVEL 3 _____

IV. PREVIOUS LAWSUITS AND ADMINISTRATIVE REMEDIES

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? ☐ Yes ☒ No

B. If your answer is "YES", describe each lawsuit in the space below. If there is more than one lawsuit, describe additional lawsuits using the same format on a separate piece of paper which you should attach and label: "IV PREVIOUS LAWSUITS"

1. Parties to this previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Court: _____
(If federal court, name the district; if state court, name the county)

3. Case Number: _____

4. Basic Claim Made/Issues Raised: _____

5. Name of Judge(s) to whom case was assigned: _____

6. Disposition: _____
(For example, was the case dismissed? Appealed? Pending?)

7. Approximate date of filing lawsuit: _____

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8. Approximate date of disposition. Attach Copies: _____
- C. Did you seek informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part B?
☒ Yes ☐ No
- D. If your answer is "YES," briefly describe how relief was sought and the result. If your answer is "NO," explain why administrative relief was not sought.
 I filed, BP8, BP9, ON medical. They NEVER responded BACK which they stoped me from exalting my legal Remedys and here is the case number 1017878-FI, here is a copy of my legal complaint Remedy Record 109 sheet just to confirm this moment of TRUTH
- E. Did you exhaust available administrative remedies?
☒ Yes ☐ No
- F. If your answer is "YES," briefly explain the steps taken and attach proof of exhaustion. If your answer is "NO," briefly explain why administrative remedies were not exhausted.
 and I filed, BP8 against the SHU EVENING STAFF ON MARCH 28 2020 BUT my Counselor Name GEORGE NEVER TURNED my legal complaint IN, when this came to my knowledge ON July 1 2020 I TOOK IN a sensitive Bp9, they NEVER BROUGHT me my Response to this, so they stoped from exalting my legal Remedys, here is the case number for this 1032410-FI, here is a copy of my Record 10 Remedy - complaint sheet
- G. If you are requesting to proceed in this action *in forma pauperis* under 28 U.S.C. § 1915, list each civil action or appeal you filed in any court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using the same format on a separate sheet of paper which you should attach and label "G. PREVIOUSLY DISMISSED ACTIONS OR APPEALS"

1. Parties to previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Name and location of court and case number:

3. Grounds for dismissal: ☐ frivolous ☐ malicious
☐ failure to state a claim upon which relief may be granted

4. Approximate date of filing lawsuit: _____

5. Approximate date of disposition: _____

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 RANGE 1, IN THE EVENING I GOT BRUTALLY
 ASSAULTED BY AND INMATE AND I
 PRESSED THE EMERGENCY HELP BUTTON
 FOR HELP, IT TOOK THE STAFF

Supporting Facts: _____

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20 MINUTES TO RESPOND TO
MY SAFETY, I almost Died,
I WAS RIGHT DOWNSTAIRS IN SHU
ON RANGE 1 SO THEY SHOULD OF BEEN

CLAIM 2: I'M SUEING MEDICAL BECAUSE ON
MARCH 25, 2020 WHEN I CAME BACK
FROM RUBY UNIVERSITY WV HOSPITAL THEY
REFUSE TO HOUSE ME IN THE
INFIRMERY AT MEDICAL THEY ALoud

Supporting Facts: THEN TO TAKE ME BACK
TO SHU WITH 4 BROKEN BONES IN MY
FACE SO THEY PLACE ME ON RANGE 4
IN A CELL BY MYSELF FOR 5 DAYS,
THEN THEY PUT ANOTHER INMATE IN

CLAIM 3: I'M SUEING RUBY UNIVERSITY
WV HOSPITAL BECAUSE ON MARCH 25, 2020
WHEN I CAME THERE FROM THIS BRATILLY
ASQUIT! THEY X RAYED ME AND SAID THAT
I GOT 4 BROKEN BONES IN MY FACE

Supporting Facts: and THEN THEY SENT ME BACK
TO THE JAIL WITH 4 BROKEN BONES
IN MY FACE ON THIS SAME DAY
AND THEY WAS SUPPOSE TO KEEP ME
OVER NIGHT, PERFORM SURGRY ON ME

CLAIM 4: _____

Supporting Facts: _____

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CLAIM 5:

Supporting Facts:

VI. INJURY

Describe **BRIEFLY** and **SPECIFICALLY** how you have been injured and the exact nature of your damages.

I got 4 Broken Bones IN my face,
The Shu evening staff failed to protect me,
medical AND RUBY UNIVERSITY WV Hospital
Denied me proper medical care, which is
a violation of my eighth amendment Right so
I'm suing for 30 million Dollars

VII. RELIEF

State **BRIEFLY** and **EXACTLY** what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.

I ~~WANT MORE~~ and JURY TRIAL
If you guys dont want to go
to TRIAL THEN WE CAN SETTLE FOR
12 million Dollars

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DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and accurate. Title 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at allenwood USP 4-A on Dec 20, 2020.
(Location) (Date)

Penell Rice
Your Signature

Attachment E

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

Joennell Rice

Your full name

v.

Civil Action No.: _____

HAZELTON USP SHU
EVENING CORRECTION OFFICER
STAFF, MEDICAL, RUBY
UNIVERSITY WV HOSPITAL
Enter above the full name of defendant(s) in this action

Certificate of Service

I, Joennell Rice (your name here), appearing *pro se*, hereby certify
that I have served the foregoing LEGAL MAIL (title of
document being sent) upon the defendant(s) by depositing true copies of the same in the
United States mail, postage prepaid, upon the following counsel of record for the
defendant(s) on _____ (insert date here):

(List name and address of counsel for defendant(s))

Joennell Rice
(sign your name)